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# Maryland's Results for Child Well-Being

Children's Cabinet and  
Governor's Office for Children

2013

# **Maryland's Children's Cabinet and Governor's Office for Children**

## **Vision**

*Children's Cabinet:* All Maryland's children will be successful in life.

*Governor's Office for Children:* Maryland will achieve child well-being through interagency collaboration and State/local partnerships.

## **Mission**

The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will work collaboratively to create and promote an integrated, community-based service delivery system for Maryland's children, youth, and families. GOC's mission is to improve the well-being of Maryland's children.

## **Children's Cabinet**

Anne Sheridan, Executive Director (Chair)  
Governor's Office for Children

Sam Abed, Secretary  
Department of Juvenile Services

Theodore Dallas, Secretary  
Department of Human Resources

T. Eloise Foster, Secretary  
Department of Budget and Management

Lillian M. Lowery, State Superintendent of Schools  
Maryland State Department of Education

George Failla, Interim Secretary  
Department of Disabilities

Joshua Sharfstein, Secretary  
Department of Health and Mental Hygiene

## A Note from the Executive Director

Dear Friends,

On behalf of the Governor's Office for Children (GOC) and the Children's Cabinet, I am pleased to present the latest edition of *Maryland's Results for Child Well-Being*. This report represents more than a decade-long commitment to collecting and evaluating some of the most important data and information about Maryland's children and the programs that serve them. The results and indicators outlined in this book are used to guide the work of the Children's Cabinet, serving as policy priorities and allowing member agencies the opportunity to employ the most effective evidence-based practices to support children and families across the State.

This year, I am also excited to announce that we are making the bulk of the report available on GOC's website. Through this transition, we hope to improve the accessibility of source materials and ensure timely updating of data as it becomes available throughout the year, truly making *Maryland's Results for Child Well-Being* a hub for those seeking information about Maryland's children.

Overall, the 2013 report highlights many areas of significant progress for the children and youth of our State. Maryland continued to see a reduction in the rate of births to adolescents, exhibiting a 43% decrease over the last five years. More than 95% of Maryland's children are now covered by a health insurance plan, outpacing the rest of the nation. The percentage of students entering kindergarten fully ready to learn has increased 25 percentage points over the last ten years, and thanks to the work of Governor O'Malley's Partnership to End Childhood Hunger in Maryland, children and families in need are better able to access nutrition resources in school and in their communities.

While the results accountability process allows us to celebrate the progress we have made, it also illustrates areas where we must continue to improve outcomes for the children of our State. By evaluating child well-being across dozens of data points each year, the Children's Cabinet can ensure we are providing Maryland's children with a strong foundation for success across all facets of their lives.

Sincerely,

A handwritten signature in blue ink, reading "Anne Sheridan". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Anne Sheridan, Executive Director  
Governor's Office for Children



## History of Results & Indicators

In 1996, the *Governor's Task Force on Children, Youth, and Families Systems Reform* (the Task Force) was created in response to a growing desire by Maryland jurisdictions to ensure a strong local role in setting policy that affects children and families. The Task Force considered the differing needs of Maryland's population, with the desire to create a results-based system emerging as a strong theme throughout its work and in the public hearings held throughout the State.

The Task Force's Program Subcommittee originally proposed nine results on which to focus. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and its successor, the Results Workgroup. Both groups had representation from the State and local levels; public and private members; and included county public health officials, county social service employees, local school system staff, local management board members, advocates, and State agency staff.

In January 1999, eight results were adopted, forming the basis for the *Maryland's Results for Child Well-Being* report. The chosen results capture the quality of life for children and families in Maryland, and progress towards achieving each result is determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, the State and local jurisdictions are able to evaluate the effectiveness of service delivery to children and families.

Since that time, the State has periodically revisited the existing indicators and added new ones, as necessary, to lend a fresh perspective to the assessment of child well-being. This year, for the first time, the Governor's Office for Children (GOC) will migrate a majority of the report online, allowing *Maryland's Results for Child Well-Being* to truly serve as a crucial resource by connecting users directly to source material and additional reports from members of the Children's Cabinet. By making the report more interactive and responsive, the State is continuing its commitment to collecting the most timely and relevant information about the well-being of its children.

## Results & Indicators in Maryland

The Children's Cabinet, in collaboration with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through this collaborative approach, each Local Management Board (LMB) identifies and focuses on results and indicators that are priorities in its community, conducting a needs assessment to guide the efforts to better serve the families and children of its jurisdiction. The information contained in this report assists in that planning and evaluation process by providing jurisdiction-level data, where available, and information on promising practices used to address the State's policy priorities.

### Indicators are used to:

#### Assess and understand the current status of children and families and track emerging trends over time:

- Examine data for population subgroups to identify major differences across the groups and ensure that all children and families do well;
- Analyze trends to identify where results have changed on a local level in ways that are inconsistent with State-wide trends. This assists local jurisdictions with focusing resources on potential priority areas;
- Provide stakeholders and communities with the information and resources they need to understand the data and trends related to children in their communities.

#### Select priority areas and set goals for the improvement of child and family well-being:

- Use the indicators to identify troubling trends, choose strategies to address the problem area, and measure progress toward goals. Compare and collaborate with other jurisdictions to identify shared strategies;
- Choose intervention strategies that are reasonably calculated to achieve progress toward the goals;
- Use indicators as part of strategic planning;
- Help stakeholders and communities to be informed and involved in setting goals for improvement in their communities; and
- Monitor progress toward goals in comparison with resources invested in selected programs, services, and initiatives. Indicator data will support the assessment of intervention strategies.

# Overview of Results Accountability

## Results Accountability

The work of GOC and the Children’s Cabinet is accomplished using the Results Accountability framework. This approach focuses planning, decision-making, and resources on desired results and outcomes. Results Accountability identifies a **result** to achieve, selects **indicators** that act as proxy measures for the result, tells the “story behind the data,” identifies necessary partners and effective strategies, and develops an action plan and resource strategy. In program evaluation, this approach is used to analyze data through three main questions: How much did we do? How well did we do it? Is anyone better off?

## What is a Result?

Maryland’s Children’s Cabinet focuses on eight results for child well-being. A result is a goal that Maryland has established for its children, families, and/or communities. Each result describes the general well-being of Maryland’s children and families in an area known to affect a child’s ability to grow up healthy and secure.

## What is an Indicator?

Indicators are information and data that demonstrate progress toward meeting a result. Maryland has selected 21 indicators for the eight results.

## Choosing Strong Indicators

To provide indicators that are reliable, important, and will ultimately inform the work of various stakeholders across Maryland’s communities, these questions were considered:

### Communication Power

Does the indicator communicate to a broad range of audiences?

### Proxy Power

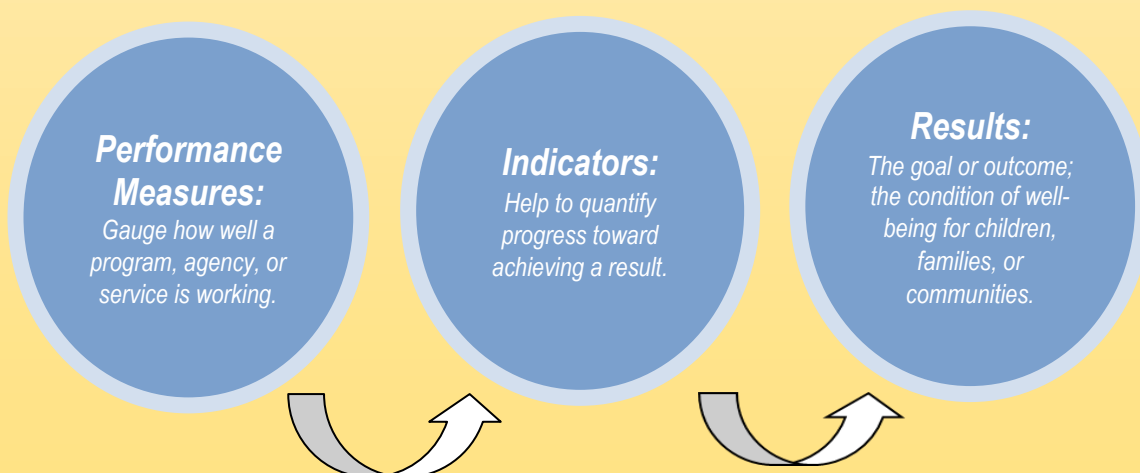
Does the indicator say something of central importance about the result? Is it correlated to the result?

### Data Power

Is the data reliable? Is it available on a timely basis?

Indicators are most useful in helping stakeholders identify children’s needs and evaluate trends when:

- The data come from automated systems, like health or social services records, which are **recorded consistently and updated constantly**;
- The indicator is measured nationally, so that Maryland’s **trends can be compared** to other those of other states; and
- The indicators have been **measured for many years**, which yields an analysis of trends over time that is less susceptible to outliers and fluctuations.



## Promising Trends

Last year, a number of indicators continued to manifest positive trends for Maryland's children, including multiple indicators under each of this report's three overarching themes: health, education, and community. The sections below provide a brief overview of some of these positive outcomes, with additional information about these and all other indicators available at [goc.maryland.gov/results](http://goc.maryland.gov/results).

### Health

The rate of births to adolescents continued to decline in 2013, reaching a rate of 19.3 per 1,000 adolescents (ages 15-19). Rates fell across all ethnic groups for which data is tracked, and over the last five years, the overall rate has fallen by 41%.

Maryland continues to outpace the national average in health insurance coverage for children ages 0 to 19, with 95.8% now covered by a health insurance plan, compared to 92.5% for the country as a whole. This figure climbed by more than five percentage points over the last five years.

Maryland's *Youth Risk Behavioral Survey* [YRBS] continues to show a decline in the obesity rate among surveyed high school students, reaching 25.8% in 2013, a decline of more than 10% in the last eight years. In addition, YRBS also indicates a sustained downward trend in the use of alcohol and cigarettes among Maryland high school students.

### Education

To address the high school dropout rate, Maryland developed the *Dropout Prevention Resource Guide* in 2012, highlighting local programs and evidence-based practices. After an increase over the last few years, the percentage of Maryland high school students who dropped out fell from 3.5% in 2012 to 3.0% in 2013.

Students entering kindergarten in Maryland are significantly better prepared to learn than they were a decade ago. In FY2014, 83% of students entered kindergarten fully prepared to learn, an increase of 69% since the assessment's baseline year in FY2002. These gains were even more significant for low-income students, where 77% achieved a score of "Full Readiness" in FY2014, an increase of 126% from FY2002.

### Community

The juvenile referral rate for felony offenses (both violent and non-violent) continued to decline in FY2014, reaching 814 per 100,000 youth ages 10-17. This represents a 53% decline in the juvenile felony rate over the last five years, as the number of both violent and non-violent felonies committed by juveniles continues to fall.

Even though the prevalence of household food insecurity continued to climb in 2013, Maryland continued to make great strides in bolstering the safety net for families and children in need. During the 2013-2014 school year, 413 schools participated in the Maryland Meals for Achievement program, allowing all children, regardless of income, to eat breakfast for free in the classroom each morning. In addition, during 2013, Maryland served more than 2.8 million free meals to children during the summer months, a 23% increase over summer 2012.





## Areas for Improvement

This report shows that many indicators are heading in the right direction for Maryland's children, but it also illustrates some areas where the Children's Cabinet and child-serving agencies need to continue to focus attention.

### Health

After seeing a significant decline from 2007-2012, Maryland's infant mortality rate increased slightly in 2013, to 6.6 deaths per 1,000 live births. This growth was driven primarily by a 10% increase in the infant mortality rate for white infants in 2013. While Maryland's overall infant mortality rate has declined by 17.5% over the last five years, the slight increase in 2013 is a reminder that Maryland must continue to ensure that parents and expecting women have the support and comprehensive healthcare services they need.

### Education

Over the last several years, Maryland has made a more concerted effort to document cases of bullying, harassment, and intimidation in public schools. As awareness of the issue and its reporting requirements have increased, so too have the number of reported incidents. There were 5,255 documented cases during the 2012-2013 school year, an increase of less than 1% over the previous year, but a 38% increase over the last three years. In response to the rising number of reports, every Local Education Agency (LEA) in Maryland has implemented programming aimed at improving school climate and increasing bullying awareness and prevention.

### Community

The homelessness rate of Maryland public school students continues to rise, increasing by 75% over the last five years, and reaching 1.82% of all Maryland public school students during the 2012-2013 school year. In response to these growing numbers, and the persistence of homelessness among Maryland adults, the Maryland General Assembly established the Interagency Council on Homelessness (ICH) in 2014. The ICH will evaluate current State policies relating to homelessness and make annual recommendations to the General Assembly regarding necessary policy changes. A sub-group of the ICH is the Housing and Supportive Services for Young Adults Workgroup, which will focus on the unique needs and challenges of youth dealing with homelessness.

While Maryland has made significant progress in bolstering the safety net for families and children at risk of hunger, the persisting high rates of household food insecurity indicate that further efforts are needed to ensure that all Maryland families have access to the nutrition resources they need. Maryland has been among the national leaders in improving access to the School Breakfast Program and connecting eligible families to the Food Supplement Program and will look for new ways to improve the efficiencies of enrollment processes and outreach.





Indicator	Low Birth Weight		Births to Adolescents		
	Recent Year Measure	20138.5%	201319.3		
	Recent Year Percent Change	-3.4%	-12.7%		
	Improving/Worsening	Improving	Improving		
	Baseline Measure	20089.3%	200832.7		
Immunizations		Health Insurance Coverage		Obesity	
201381.9%	201295.8%	201325.8%			
12.2%	.8%	-5.8%			
Improving	Improving	Improving			
200880.2%	200790.5%	200927.9%			
Unintentional Injuries		Assault Injuries		Self-Inflicted Injuries	
2013177.1	201327.8	201343.8			
-13.9%	-16.3%	2.1%			
Improving	Improving	Worsening			
2008266.3	200853.0	200842.3			
Infant Mortality		Deaths		Substance Use	
20136.6%	201356.0	201360.9			
4.8%	-2.1%	-4.1%			
Worsening	Improving	Improving			
20088.0%	200872.1	200967.2			





## Education

### Kindergarten Assessment

#### Full Readiness

2014 83%

1.2%

Improving

2009 73%

#### Approaching Readiness

2014 15%

0%

Maintaining

2009 24%

#### Developing Readiness

2014 3%

0%

Maintaining

2009 3%

### Alternative MSA

#### Math

2013 82.0%

-8.4%

Worsening

2008 87.2%

#### Reading

2013 87.4%

-5.1%

Worsening

2008 87.6%

#### Science

2013 73.4%

-10.3%

Worsening

2008 69.3%

### High School Assessment

#### Algebra

2013 84.2%

.4%

Improving

2008 84.4%

#### Biology

2013 82.6%

1.1%

Improving

2008 82.0%

#### English

2013 83.0%

-.1%

Worsening

2008 82.0%

# Education

Truancy		High School Dropout		Youth Employment		Bullying & Harassment	
2013	11.1%	2013	3.0%	2013	59.3%	2013	5255
2.8%		-14.3%		-.5%		.8%	
Worsening		Improving		Worsening		Worsening	
2008	12%	2008	3.4%	2008	62.7%	2008	1296
Program Completion of Students with Disabilities				High School Completion			
Graduated with Diploma		Graduated with Certificate		University of Maryland		Career and Technology	
2013	41.3%	2013	8.6%	2013	61.2%	2013	8.1%
8.8%		21.2%		5.7%		-13.8%	
Improving		Improving		Improving		Worsening	
2008	36.5%	2008	6.3%	2008	60.1%	2008	10.8%
Educational Attainment							
Less than HS Graduate		High School Graduate		Some College or Associate's Degree		Bachelor's Degree or Higher	
2013	11.7%	2013	28.0%	2013	47.7%	2013	12.5%
-4.9%		-3.4%		2.6%		1.6%	
Improving		Worsening		Improving		Improving	
2008	14.3%	2008	30.7%	2008	41.7%	2008	13.4%
Maryland School Assessment							
Reading		Math					
2013	84.9%	2013	78.2%				
-.4%		-4.6%					
Worsening		Worsening					
2008	82.2%	2008	76.0%				



Recidivism					
12 Month Follow-Up		24 Month Follow-Up		36 Month Follow-Up	
2013	19.7%	2012	34.8%	2011	46.9%
0%		-3.6%		3.1%	
Maintaining		Improving		Worsening	
2009	19.2%	2009	34.8%	2009	45.5%
Juvenile Felony Offenses					
10-14		15-17		10-17	
2014	359	2014	1560	2014	814
-4.0%		-.3%		-1.1%	
Improving		Improving		Improving	
2009	644	2009	3439	2009	1742
Hunger		Out-of-Home Placement		Homelessness	
2011-2013	13.3%	FY2014	9.8	2012-2013	1.82%
2.3%		-12.5%		7.7%	
Worsening		Improving		Worsening	
2006-2008	9.6%	FY2009	11.4	2007-2008	1.04%
Crime		Child Poverty		Child Maltreatment	
2013	4.7	2013	13.9%	2013	9.2
-2.1%		-1.4%		-9.8%	
Improving		Improving		Improving	
2008	6.3	2008	10.4%	2011	9.3



## A Guide to Statistics

The following is a brief description of two key statistics (percent and rate) used in this report, and on the corresponding website, and a word of caution about their use.

### Percent

Percent means per 100. For example, 15% means 15 out of 100; 75% means 75 out of 100.

**Percent** = (Number in sub-group) ÷ (Number in whole group) x 100

**Example: Percent of babies born at low birth weight (LBW), 2002**

Percent = (Number LBW) ÷ (Total number of births) x 100  
= 6,623 ÷ 73,250 x 100  
= 9% of babies born in 2002 weighed less than 2,500 grams (5.5 pounds)

### Rate

The easiest way to understand a rate is to think of a percent as a rate per 100. (Many indicators are presented as rates per 100,000 or 1,000.) In the example above, 9% of babies born at low birth weight could also be expressed as “9 babies per 100” were born at low birth weight.

**Rate** = (Number in sub-group) ÷ (Number in whole group) x MULTIPLIER

**Example: Rate of youth (ages 10-17) arrested for violent crimes per 100,000 youth (ages 10-17)**

Rate = (Number of youth ages 10-17 arrested) ÷ (Number of youth ages 10-17) x 100,000  
= 3,037 ÷ 567,678 x 100,000  
= 535 per 100,000 youth ages 10-17 were arrested for violent crimes in 1998

### Using Percentages or Rates with Small Numbers of Incidents

Caution is necessary when using percentages and rates with small numbers of incidents. If the item to be measured has less than 5 occurrences (*e.g.*, infant mortality in a given jurisdiction for a given year), then a percentage or rate should not be produced. One or both of the following methods can be employed to create a more stable percentage or rate:

Multi-year averaging, which involves using a longer time period to produce the rate (*e.g.*, using 3 or 5 years' worth of data); or

Enlarging the geographic area (*e.g.*, using a region containing several jurisdictions).

Both of these methods increase the number of observed events and the stability and reliability of percentages or rates calculated.

**For those indicators for which it is available, jurisdictional data can be found at [goc.maryland.gov/results/](http://goc.maryland.gov/results/).**

## Health Indicators

**Births to Adolescents:** The rate of births to adolescent females ages 15 through 19 years per 1,000 in the age-specific population.

**Child Deaths:** The rate of deaths to children ages 0-21 per 100,000 in the age-specific population.

**Health Insurance Coverage:** The percent of children who have health insurance coverage.

**Hospitalizations:** The rate of non-fatal injury hospitalizations to children ages 0-18 years, 19-21 years, and 0-21 years per 100,000 in the age-specific population for selected categories of injury (unintentional, assault, self-inflicted).

**Immunizations:** The percent of children ages 19 through 35 months who have received the full schedule of recommended immunizations.

**Infant Mortality:** The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.

**Low Birth Weight:** The percent of all births and births in selected racial groups with birth weight less than 2,500 grams (approximately 5.5 pounds).

**Obesity:** The percent of Maryland public school students in grades 9-12 who are overweight or obese.

**Substance Use:** The percent of Maryland public school students in grades 9-12 who have ever had a drink of alcohol.

## Education Indicators

**Alternative Maryland School Assessment:** The percent of students, grades 3 through 8, scoring at or above proficient on the Alternative Maryland School Assessment, by academic year.

**Bullying and Harassment:** Total number of bullying, intimidation, or harassment incidents reported, by academic year.

**Educational Attainment:** The percent of young adults ages 18 through 24 who have not completed high school, have completed high school, completed some college or an associate's degree, or attained a bachelor's degree or higher.

**High School Assessment:** The percent of public school students in grades 9 through 12 performing at the passing level in three or four core subjects of the Maryland High School Assessment (HSA): Algebra, Biology, English 2, and Government.

**High School Completion:** The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland or complete an approved Career and Technology Education program.

**High School Dropout:** The percent of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland-approved educational program during the July to June academic year and are not known to have enrolled in another high school program during the academic year.

**Kindergarten Assessment:** The percent of composite scores for Maryland Kindergarten students based on their readiness in the domains of the Maryland Kindergarten Assessment.

**Maryland School Assessment:** The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the Maryland School Assessment (MSA).

**Program Completion of Students With Disabilities:** The percent of students with disabilities, ages 14 through 21, who graduate or complete school.

**Truancy:** The percent of students in all grades (public schools) absent more than 20 days of the school year (excluding summer school).

**Youth Employment:** The percent of young adults ages 16 through 24 who are in the labor force.

## Community Indicators

**Child Maltreatment:** The number of unduplicated children (ages 0 through 17) with indicated/unsubstantiated child abuse/neglect findings per 1,000 in the age-specific population.

**Child Poverty:** The percent of children under age 18 whose family income is equal to or below the federal poverty threshold.

**Crime:** The rate of violent crimes that are committed per 1,000 persons.

**Homelessness:** The percent of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.

**Hunger:** The percent of families who experience a lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.

**Juvenile Felony Offenses:** The rate of referrals, per 100,000 youth ages 10 through 17, for felony offenses, including both violent and non-violent charges.

**Out-of-Home Placement:** The number of out-of-home placements that occur per 1,000 children in the population.

**Recidivism:** Juvenile and Adult Re-Adjudicated/Convicted Recidivism rates for youth released from the Department of Juvenile Services (DJS) Committed Programs after 12, 24, and 36 Months.

This list of indicators corresponds to the data displayed in this book. Additional indicators and links to data sources are available at [goc.maryland.gov/results/](http://goc.maryland.gov/results/).



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